

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

**See Instructions and *Privacy
Statement On Reverse Side**

Page _____ of _____ Pages

CLAIMANT'S NAME Patricia Olson		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT	
POSITION Director of Scientific Activities		CB/ID No.		DIVISION or BUREAU CIRM	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King Street		TELEPHONE NUMBER (415) 396-9238	
CITY [REDACTED]		STATE [REDACTED]		ZIP CODE [REDACTED]	
CITY [REDACTED]		STATE CA		ZIP CODE 94107	

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2)				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES	AMOUNT		
2/22	7:13 17:58	San Francisco, CA							20.00	✓			20.00	
3/10	8:50 15:41	Burlingame, CA							13.00	✓			13.00	
3/17	8:11 21:55	San Francisco, CA							34.00	✓			34.00	
3/18	7:59 19:35	San Francisco, CA							32.00	✓			32.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
(10) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00		99.00	0	0.00	0.00	99.00
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

99.00 ✓

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Reimbursement for Pat Olson for:

- 1) February 22, 2011: Major Facility site visit in Los Angeles, CA
- 2) March 10, 2011: ICOC Meeting in Burlingame, CA
- 3) March 17 & 18, 2011: Grants Working Group meeting in San Francisco, CA

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

0.51

**AGENCY ACCOUNTING OFFICE
USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

3/23/11

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

3/23/11

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE